



# ATLANTIC INTERNATIONAL BANK LIMITED

Cor. Cleghorn St. / Freetown Rd.  
P.O. BOX 481  
Belize City, Belize C.A.  
www.atlanticibl.com

Tel: 501-223-3152  
501-223-5366  
Fax: 501-223-3528  
banking@atlabank.com

## APPLICATION FOR A BANK ACCOUNT PERSONAL

**CUSTOMER NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

Account Type:     Demand Deposit Account     Regular Savings     Super Savings    Initial Deposit \$ \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Nationality \_\_\_\_\_ Resident of: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number: \_\_\_\_\_

### CONTACT INFORMATION

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Any notice, statement or other communication is to be forwarded to:

**Mailing Address** \_\_\_\_\_

**Held by you**

### STATEMENT OF NON-RESIDENT STATUS (We can only do offshore banking business with non-residents of Belize)

This is to confirm that I am a non-resident of Belize within the context of the Offshore Banking Act, 1996 which describes a "resident" as person ordinarily residing in Belize (12 consecutive months) irrespective of nationality.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



(2) Customer Name \_\_\_\_\_ Customer Number \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Nationality \_\_\_\_\_ Resident of: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Passport Number: \_\_\_\_\_

**CONTACT INFORMATION**

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**INDEMNITY FOR VERBAL/FAX/E-MAIL INSTRUCTIONS**

In consideration of your agreeing to accept verbal/fax/e-mail instructions from myself/ourselves with the identification of \_\_\_\_\_ and acting on such instructions on the condition that written confirmation is forwarded *password above* immediately, we hereby undertake:

- a) To indemnify you from and against all actions, proceedings, costs, claims, demands, expenses or loses that you may suffer or sustain by reason or on account of you having accepted such instructions.
- b) That you shall be entitle to debit our account with the amount of any payments you may make in respect of having accepted such instructions.
- c) On demand to provide funds to meet all payments under such instructions.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
DATE